

**Refugee Health Technical Assistance Center
Suicide Prevention Pre-Training Survey**

As part of your participation in the Refugee Suicide Prevention Training, we would like you to complete this survey. Your responses are very important in improving this training.

1. Your Age: (circle one)
Under 20 20-29 30-39 40-49 50-59 60 years old
Years old Years old Years old Years old Years old or over

2. Your Gender: (check one)
 Male
 Female

3. What is your country of origin? _____

4. If you were born outside of the United States, what year did you come to the U.S.? _____

5. Do you work with or have direct contact with refugees? (check one)
 Yes
 No

6. If yes, on average how often do you work with or have direct contact with refugees?
(check one)
 Daily
 Weekly
 Monthly
 Other (please specify): _____

7. Where do you work or have direct contact with refugees? (check ALL that apply)
 Community
 Education, including English as a Second Language classes
 Employment, including small business development and financial literacy
 Health
 Resettlement
 Other (please specify): _____

8. Number of years you have worked with refugees: _____

TURN TO NEXT PAGE

Suicide Prevention Pre-Training Survey (continued)

Please indicate whether you agree or disagree with each of the following statements by putting a check mark (✓).

Statements		Agree	Disagree
9.	A person with a history of mental illness is less likely to attempt suicide.		
10.	People who really want to die will find a way. It will not help to try and stop them.		
11.	Alcohol or drug use may cause a person to be at higher risk of suicide.		
12.	You should not talk to people about suicide because it might give them the idea to try suicide.		

13. I am aware of local resources that can help a person who is at risk for suicide such as mental health services. (check one)
- Yes
 - No

Please rate the **level of confidence** you have in your ability to perform each of the following actions by putting a check mark (✓).
(select only one level of confidence of each action)

		Not confident	Somewhat confident	Confident	Very confident
14.	I can recognize suicide warning signs in a person.				
15.	I can ask a person if he/she is thinking about suicide.				
16.	I can convince a person who is thinking about suicide to seek help such as mental health services.				
17.	I can connect a person who is thinking about suicide to help such as mental health services.				

STOP! Do not turn the page until AFTER the training!

**Refugee Health Technical Assistance Center
Suicide Prevention Post-Training Survey**

Please indicate whether you agree or disagree with each of the following statements by putting a check mark (✓).

Statements		Agree	Disagree
1.	A person with a history of mental illness is less likely to attempt suicide.		
2.	People who really want to die will find a way. It will not help to try and stop them.		
3.	Alcohol or drug use may cause a person to be at higher risk of suicide.		
4.	You should not talk to people about suicide because it might give them the idea to try suicide.		

5. I am aware of local resources that can help a person who is at risk for suicide such as mental health services. (check one)
- Yes
- No

Please rate the **level of confidence** you have in your ability to perform each of the following actions by putting a check mark (✓).
(select only one level of confidence of each action)

		Not confident	Somewhat confident	Confident	Very confident
6.	I can recognize suicide warning signs in a person.				
7.	I can ask a person if he/she is thinking about suicide.				
8.	I can convince a person who is thinking about suicide to seek help such as mental health services.				
9.	I can connect a person who is thinking about suicide to help such as mental health services.				

TURN TO NEXT PAGE

Suicide Prevention Post-Training Survey (continued)

Please check off whether you agree or disagree with each of the following statements:

10. This program met the learning objectives presented at the beginning of the training.
 I disagree I am neutral I agree
11. The information presented was clear and well organized.
 I disagree I am neutral I agree
12. Opportunity for discussion and asking questions was provided and useful.
 I disagree I am neutral I agree
13. The training activities taught me new skills.
 I disagree I am neutral I agree
14. The handouts were useful.
 I disagree I am neutral I agree
15. What is your overall rating of this training?
 Poor Fair Good Excellent
16. In what specific ways did this training meet or not meet your expectations?
17. Do you think you might use the skills you practiced during the training in the next 3 months? If yes, please describe how you might use these skills.
18. Name one knowledge or skill that you'll take away from this training.
19. Is there anything you would change about the training? If yes, please explain.

Thank You!